

**FORM B**

Use for: Renewal of current license.  
If your license has expired, contact the  
board to determine your late renewal fee.

For office use only  
Budget #ZZ131  
Fund #165

#: \_\_\_\_\_  
\$: \_\_\_\_\_

## TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS RENEWAL APPLICATION FORM

Name \_\_\_\_\_ License number \_\_\_\_\_ License type \_\_\_\_\_

1. Within the last 24 months have you (1) received deferred adjudication or been charged or convicted of a crime other than a minor misdemeanor traffic offense, (2) been charged or found guilty of unprofessional conduct in an administrative law or civil court, or (3) settled any such charges or (4) had any authorization privilege to practice in any setting denied, suspended or revoked? ☐ Yes ☐ No

If you checked **yes**, a letter of explanation and any other supporting documentation regarding your legal status is required. The board may contact you for further information.

2. What is your main area of social work practice? \_\_\_\_\_

3. Total CEUs completed since your last renewal? \_\_\_\_\_ Number of CEUs in ethics? \_\_\_\_\_

4. Please note home and business address and phone numbers: Mailing address: ☐ Home ☐ Business

Home	Business Name
Street _____	Street _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

<b>FEES</b>	Renewal fee (includes Texas On- line and OPP fees)	Additional fee for Independent Practice Recognition	Additional fee for Approved Supervisor Status
License Type			
LBSW	\$86	\$20	\$50
LMSW	\$86	\$20	\$50
LMSW-AP	\$106	N/A	\$50
LCSW	\$106	N/A	\$50
Inactive license	\$36	N/A	N/A

To calculate your renewal fee, determine the fee for your license type and add fees for independent practice recognition and/or supervisory status. Note: An additional \$6 fee has been added as required by legislation to fund the Office of Patient Protection and Texas On-line..

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you wish to surrender your independent practice recognition, sign below and do not pay the fee.

I wish to surrender my independent practice recognition. I understand that if I may not reinstate independent practice recognition status. If desired, I will have to reapply and meet the current requirements, including recent (within the past 5 years) supervised experience. \_\_\_\_\_ (licensee signature)

If you wish to surrender your approved supervisor status, sign below and do not pay the fee.

I wish to surrender my approved supervisor status. I understand that if I may not reinstate approved supervisor status. If desired, I will have to reapply and meet the current requirements, including completion of board approved supervisor training. \_\_\_\_\_ (licensee signature)

Return the renewal form with fee to: Texas State Board of Social Worker Examiners  
PO Box 12197, Capital Station  
Austin, TX 78711-2197

Revised 4/09



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)